

Name  
in  
Full

Buddy Biscoe

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Great Mills	St. Mary's	MARYLAND			
Date of death	Month	Day	Years	Months	Days
1904	Dec-	5	Age 24	-	-
Sex	Color or Race	Birth place			
Male	Negro	St. Mary's Co -			
Occupation	Where Residing if not at place of death				
Laborer	Great Mills -				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	St. Mary's Co -				
Mother's Maiden Name	St. Mary's Co -				
Name of person giving Information	How related to deceased				
Boscher	Brother				

CAUSES OF DEATH

27

How long

How long

12 months

PHYSICIAN  
OR CORONER

Primary

Hereditary  
Tuberculosis

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

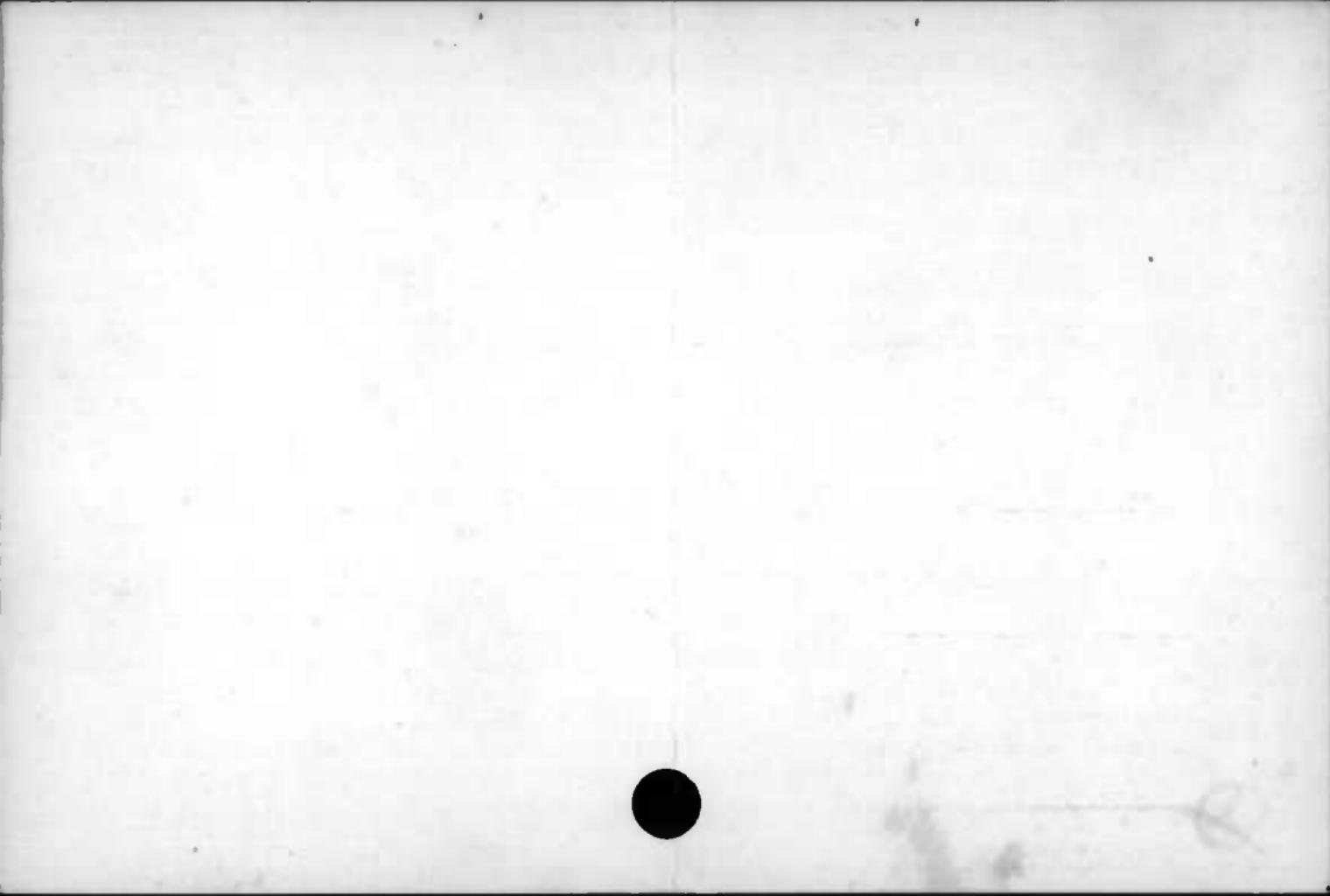
Signature of  
Physician

Address

Henry Richardson M.D.  
Great Mills, St. Mary's Co.  
Maryland -



Accident or Suicide?



Name  
in  
Full

Mary Elizabeth Tennison Drury

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Dec.	11	Age 27	—	—
Sex	Color or Race	Birth-place			
Female	White	St. Marys			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Daniel Maguire Drury			
Father's Name	Geof F. Tennison	Father's Birthplace			
Mother's Maiden Name	Mary Cornelia Sathrum	Mother's Birthplace			
Name of person giving information	A. J. Tennison	How related to deceased	Brother		

CAUSES OF DEATH

138

PHYSICIAN  
OR CORONER

Primary

Infarction

How long

Immediate

Puerperal Convulsion

How long  
20 minutes

Are the name, age, sex, color, date and place correctly given above?

Yes.

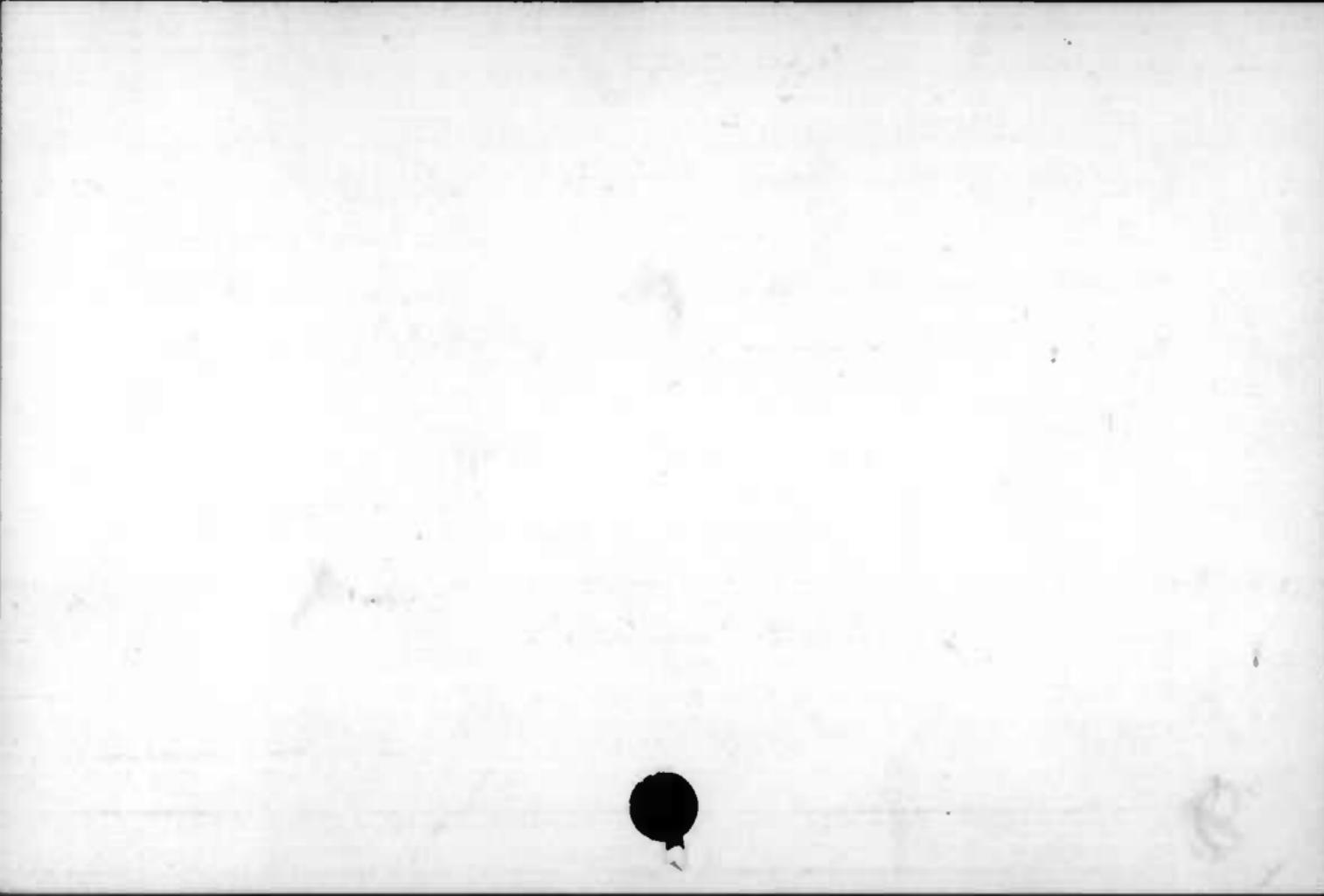
Signature of Physician

Address

J. G. Greenwell  
Jamesstown  
Md



Accident or Suicide?



Name  
in  
Full

Gecelious Duckett

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Crompton

County

St. Marys

MARYLAND

Date  
of death

1907

Month

Dec

Day

16

Years

75

Age

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

R. Ge. Co.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Mary Elizabeth Duckett

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

James B. Duckett

How related  
deceased

Son

CAUSES OF DEATH

164

How long

Primary

Arterial Sclerosis

How long

Immediate

Apoplexy

9 Days.

Are the name, age, sex, color, date  
and place correctly given above?

yes

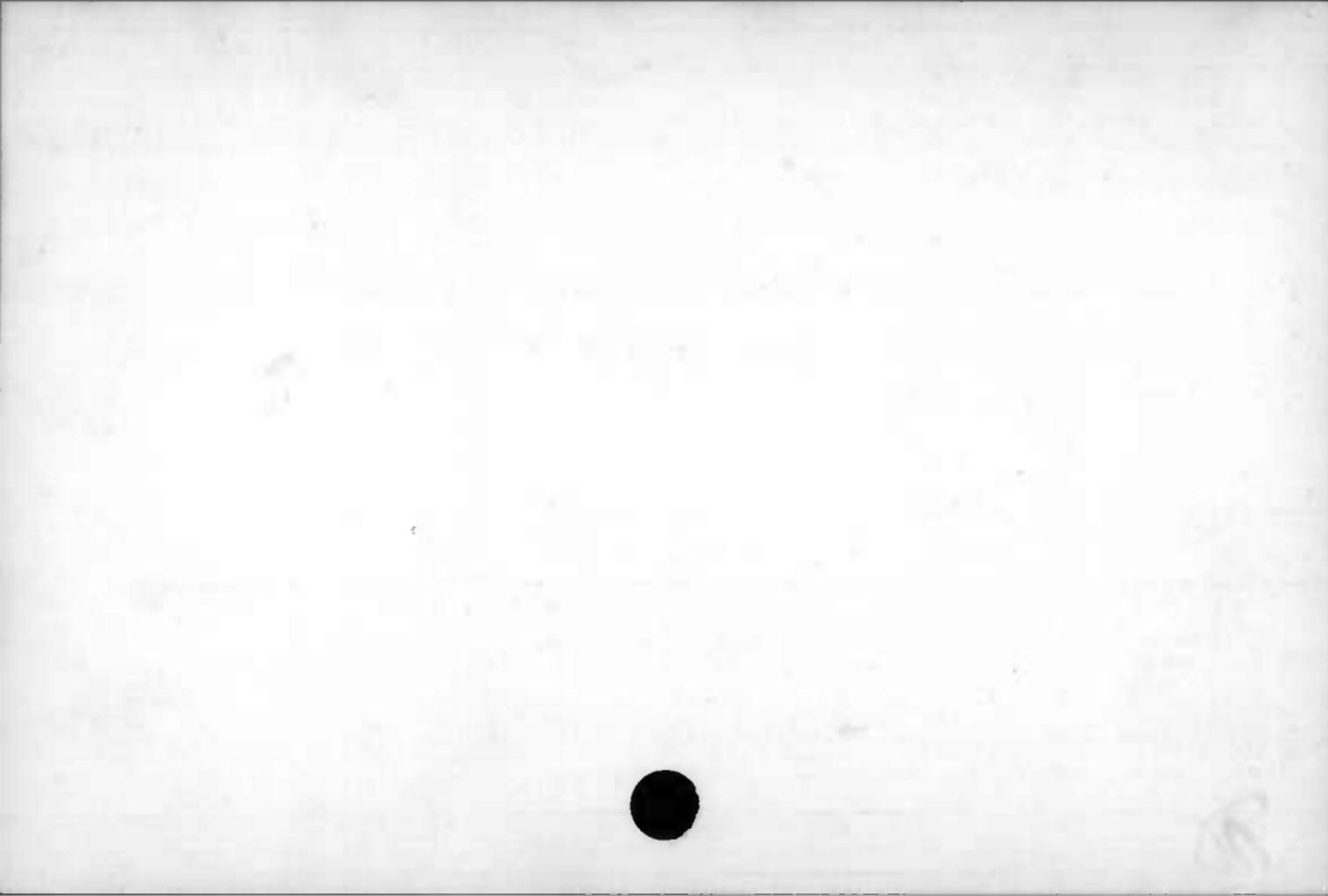
Signature of  
Physician

Address

H. F. Grunwell  
Tennerton  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Maud Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

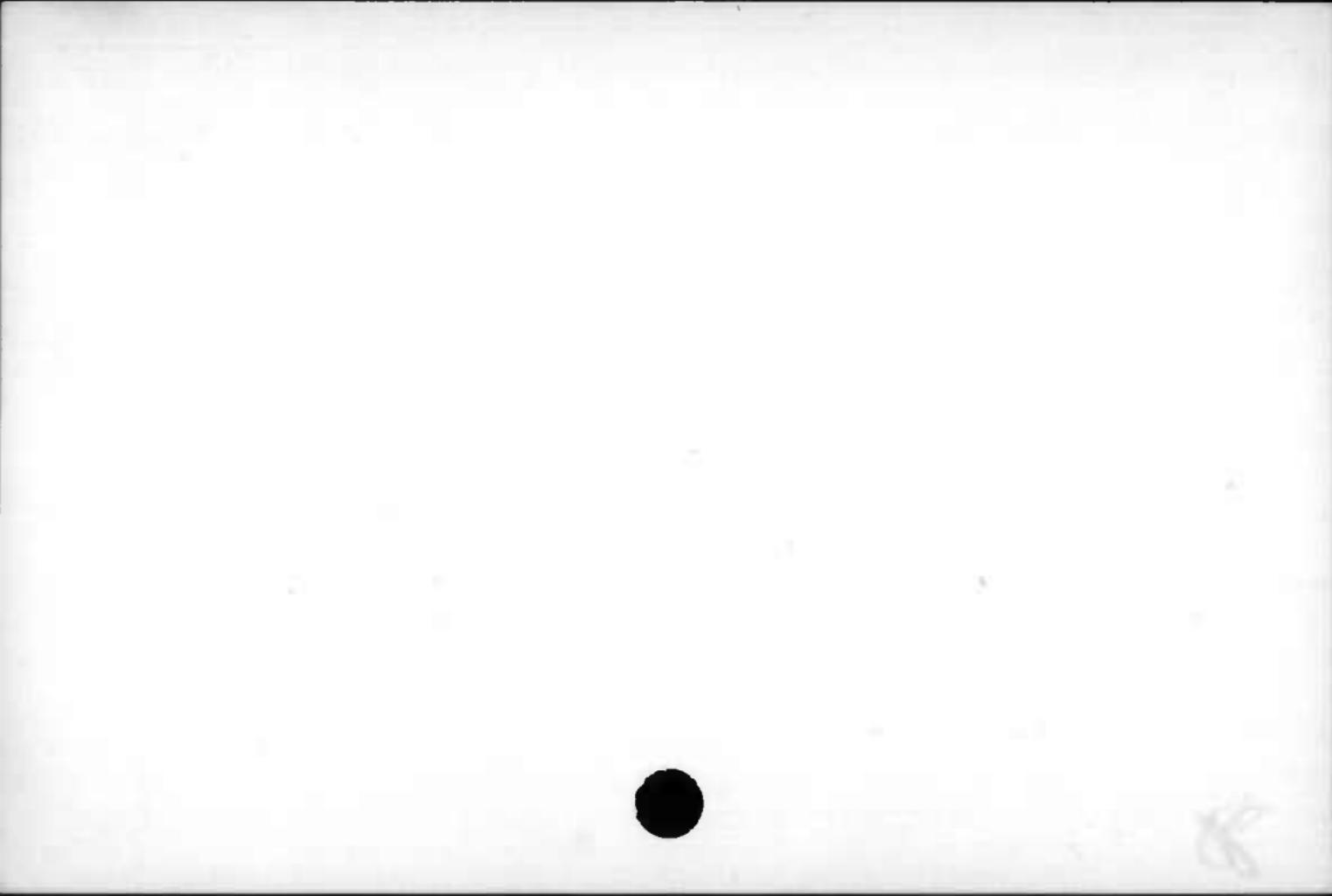
PHYSICIAN  
OR CORONER

Died at <u>near Chaptico</u>		Town	County	MARYLAND	
Date of death <u>1907</u>	Month <u>Dec.</u>	Day <u>19th</u>	Years <u>Age about 16</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Assisting in housekeeping</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Kenzie Gray</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Lucie Pittston</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Kenzie Gray</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

(1)

Primary <u>Syphoid fever</u>	How long <u>3 weeks</u>
Immediate <u>Intestinal hemorrhage</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Zebek. R. Morgan</u> Address <u>Mechanicsville, Md</u>
Accident or Suicide?	



Name  
in  
Full

Mary J. Higgs

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Died at <del>near</del> Mechanicsville	St. Marys	MARYLAND		
Date of death 1907	Month Dec.	Day 23	Age 71	Years — Months — Days —
Sex Female	Color or Race White	Birth-place Maryland		
Occupation Housewife	Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband H. E. Higgs			
Father's Name don't know	Father's Birthplace	don't know		
Mother's Maiden Name don't know	Mother's Birthplace	don't know		
Name of person giving information Keeble Higgs	How related to deceased Son			

CAUSES OF DEATH

(166)

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

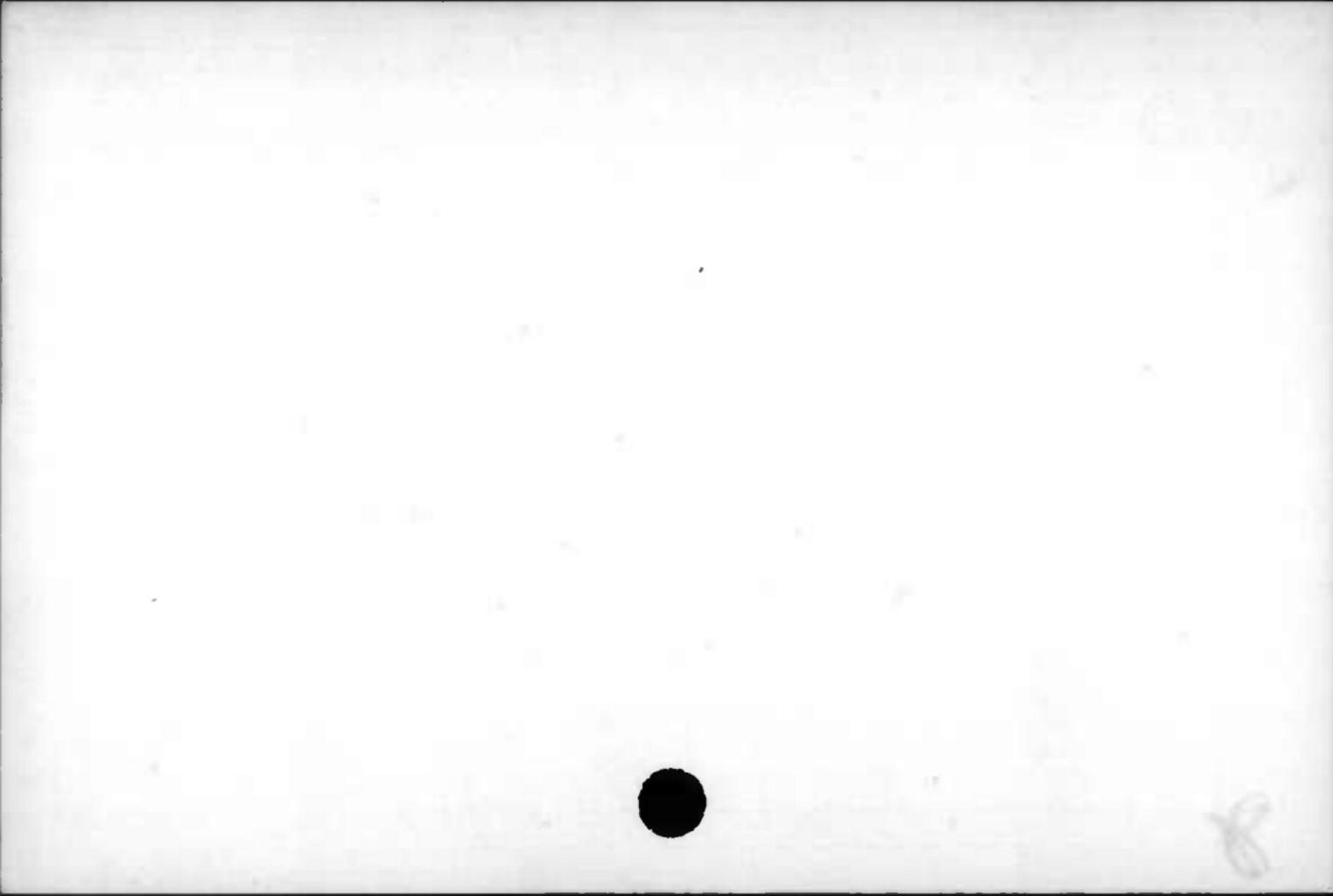
yes

Signature of Physician

Address

Zach. R. Morgan,  
Mechanicsville,  
Md.

Accident or Suicide?



Name  
in  
Full

John F. Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Mechanicsville</u>		County <u>St. Mary's</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Dec</u>	Day <u>22</u>	Years <u>Age about 60</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birthplace <u>Maryland</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Eliza Spears</u>	Father's Birthplace <u>Ned.</u>			
Father's Name <u>James Spears</u>	Mother's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Don't know</u>	How related to deceased				
Name of person giving Information					

CAUSES OF DEATH

27

Primary

Phtisis Pulmonalis

How long

12 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

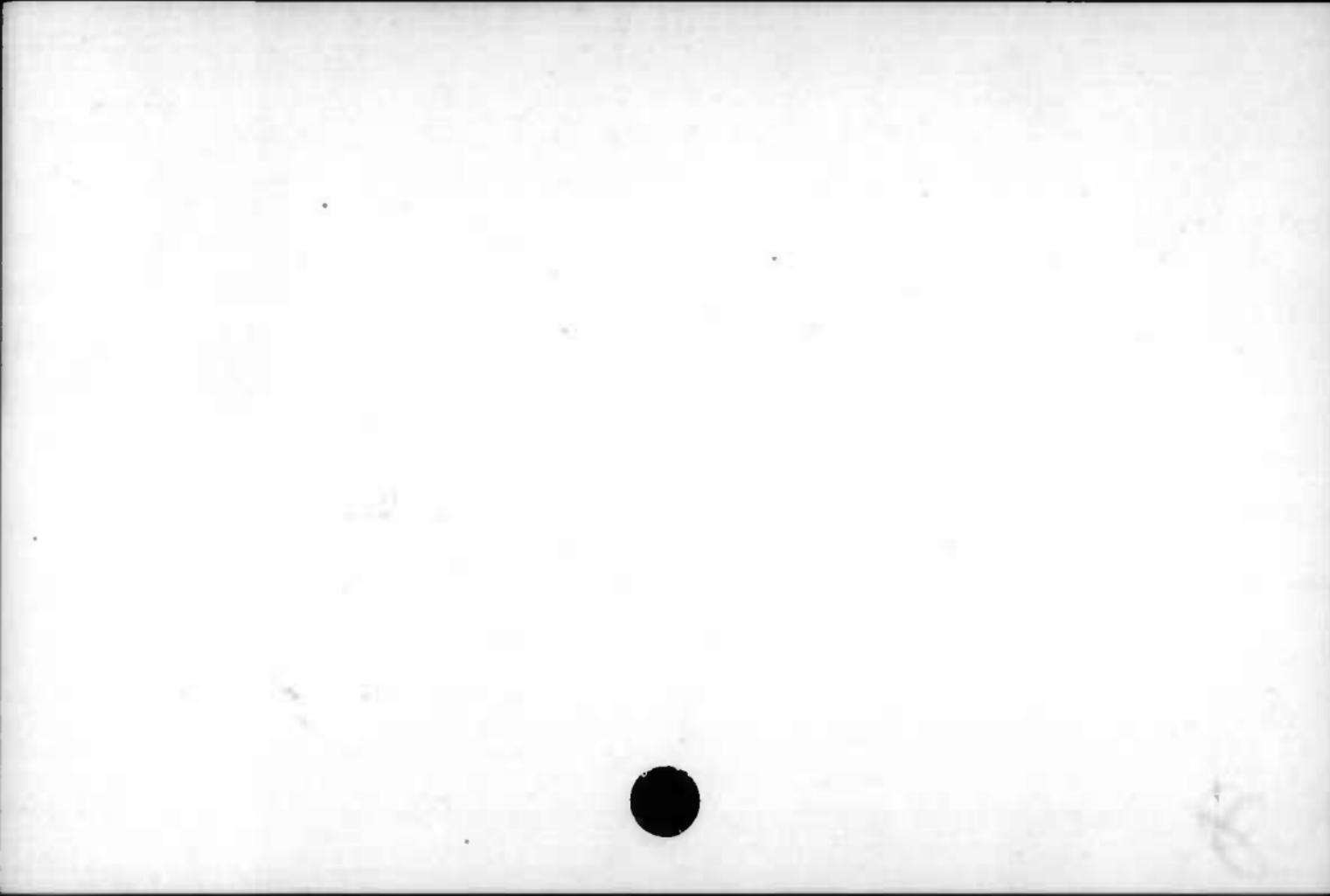
Yes

Signature of Physician

Address

Zach. R. Morgan  
Mechanicsville  
Md.

Accident or Suicide?



Name  
in  
Full

William Toyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Male	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Lucy Barnes	
Father's Name	Solomon		
Mother's Maiden Name	Lucia Barnes		
Name of person giving information	Toyer		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Phthisis

Housing

12 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Zach. R. Morgan  
Mechanicsville, Md.

Accident or Suicide?

